



**DOGS CROSSING**  
CANINE TRAINING & PET SERVICES



Pre Admittance Form

I, \_\_\_\_\_, hereby certify that my dog(s): \_\_\_\_\_ is/are in good health and has/have not been ill with any communicable condition in the last 15 days and is/are up to date on all required vaccinations.

I certify that I have fully disclosed any and all information regarding my dog's behavioral issues and/or bite history.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTIAL HERE \_\_\_\_

I understand that if my dog displays any threatening or aggressive behavior towards either humans or and/or live animals that for the safety and health of my dog and others, he/she will be muzzled during the consultation/or training sessions with Dogs Crossing Canine Training and Pet Services INC.

INTIAL HERE \_\_\_\_

By loaning Dogs Crossing a key to my home, I have granted them access to my home to perform animal care services. The key will be returned by my request.

INTIAL HERE \_\_\_\_

I understand that I am solely responsible for any harm caused by my dog during its time spent with Dogs Crossing and its affiliates. I agree to be held responsible for medical costs resulting in serious injury caused by my dog.

INTIAL HERE \_\_\_\_

I am aware of Dogs Crossing's (Rates and Fees) and (Cancellation Policy) and agree to pay as per agreed upon

INTIAL HERE \_\_\_\_

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Dogs Name: \_\_\_\_\_

Dog Breed: \_\_\_\_\_

Signature of Client: \_\_\_\_\_